

Attorney Docket No. A 13/StnJ

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR CONTINUING PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and
joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a
patent is sought of the invention entitled:

GRIP FOR PORTABLE, HAND-GUIDED WORKING TOOL

the specification of which

X is attached hereto;
was filed on _____ as Application Ser. No. _____ and was amended
on _____.

I hereby state that I have reviewed and understand the contents of the above identified
specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known by me to be material to the
patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of
any foreign application(s) for patent or inventor's certificate listed below and have also identified below
any foreign application for patent or inventor's certificate having a filing date before that of the application
on which priority is claimed:

Prior Foreign Application(s):

Priority Claimed:

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
198 31 053.9	Germany	1 August 1996	X	

I hereby appoint the following attorney, Robert W. Becker, Reg. No. 26,255, and patent
agent, Gudrun E. Huchelt, Reg. No. 35,747, to prosecute this application and to transact all business in
the Patent and Trademark Office connected therewith. Address all telephone calls to (505) 266-3511.
Address all correspondence to ROBERT W. BECKER & ASSOCIATES, 11806 N. Highway 14, Suite B,
Tijeras, New Mexico 87059.

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United
States application(s) listed below and, insofar as the subject matter of each of the claims of this
application is not disclosed in the prior United States application in the manner provided by the first
paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material
information as defined in Title 37, code of Federal Regulations, Section 1.56(a) which occurred between
the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial Number)	(Filing Date)	(Status)
08/900,101	July 25, 1987	Pending

10/88

Attorney Docket No. A 90 013/StH

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: G nter Wolf

Inventor's signature [Signature] Date: 29 July 1999

Residence: Birkfelder 4, 71570 Oppenweiler, Germany

Citizenship: German

Post Office Address: (same as above)

Full name of second inventor: Manfred Theis

Inventor's signature [Signature] Date: 29 July 1999

Residence: Lembergerweg 6, 71584 Winnenden, Germany

Citizenship: German

Post Office Address: (same as above)

Full name of third inventor, if any:

Inventor's signature _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor, if any:

Inventor's signature _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor, if any:

Inventor's signature _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of sixth inventor, if any:

Inventor's signature _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____